

**AMENDMENT, EXTENSION, RATIFICATION & REVIVOR OF OIL AND GAS LEASE**

STATE OF TEXAS

COUNTY OF Tarrant

KNOW ALL MEN BY THESE PRESENTS

**WHEREAS**, a certain Oil and Gas Lease dated 6/25/2007 was executed by and between EDGAR L JR & PATRICIA N ETIER, as Lessor, and CHESAPEAKE EXPLORATION LP, as Lessee; the Oil and Gas Lease and/or Memorandum of Oil and Gas Lease being recorded in Instrument No. D207320708 of the official public records of Tarrant County, Texas, ("the Lease"), covering the following described lands:

**LOT 4, BLOCK 8, TANGLEWOOD ADDITION**

**WHEREAS**, it is the intent of the parties hereto, that any and all lands covered under said lease are subject to the terms of this agreement, whether or not specifically described herein; and

**WHEREAS**, the Lease has expired and prior to the expiration of said lease, the working interest thereunto appertaining was owned of record by **Chesapeake Exploration, LLC (a/k/a Chesapeake Exploration Limited Partnership) and Total E&P USA., Inc.**, and it is now the desire of Lessor to adopt, ratify, revive, confirm and extend said Lease;

**NOW, THEREFORE**, for good and valuable consideration in hand paid to the undersigned by **Chesapeake Exploration, LLC (a/k/a Chesapeake Exploration Limited Partnership) and Total E&P USA., Inc.** the receipt and sufficiency of which is hereby acknowledged; the undersigned do hereby amend the Lease to allow and provide for an extension of the Lease for an additional term of three (3) years, being until 6/25/2013 and for as long thereafter as oil or gas, or either of them, is produced from said land or lands pooled therewith and as long thereafter as producing and the undersigned does hereby specifically adopt, ratify, revive, confirm and extend said lease in all of its terms and provisions and do hereby demise, lease and let said premises unto **Chesapeake Exploration, LLC (a/k/a Chesapeake Exploration Limited Partnership) and Total E&P USA., Inc.** its successors and assigns, subject to and in accordance herewith, and do hereby declare and agree that the said Lease in all of its provisions is binding, and that the same is a valid and subsisting Oil and Gas Lease.

**FURTHER**, the provisions hereof shall be binding upon the parties hereto, their respective heirs, legatees, devisees, personal representatives, successors and assigns.

EXECUTED this 1 day of Dec, 2010.

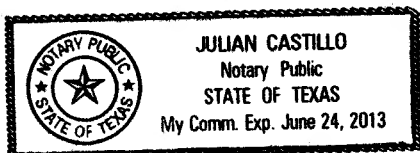
**LESSOR:**  
**EDGAR L JR & PATRICIA N ETIER**

*Edgar L Jr (Deceased) by Patricia N. Etier*  
*Patricia N. Etier*

**ACKNOWLEDGEMENT**

THE STATE OF TXCOUNTY OF TARRANT§  
§  
§

This instrument was acknowledged before me on this the 1 day of dec, 2010, by \_\_\_\_\_,  
as \_\_\_\_\_ of \_\_\_\_\_.



*[Signature]*  
Notary Public

*Copy of death certificate attached*

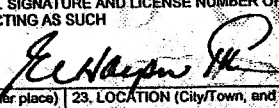
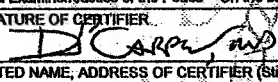
## CERTIFICATION OF VITAL RECORD

CITY OF FORT WORTH, TEXAS  
VITAL STATISTICS DIVISION

## STATE OF TEXAS

## CERTIFICATE OF DEATH

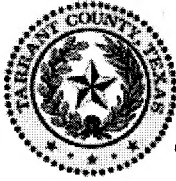
## STATE FILE NUMBER

1. LEGAL NAME OF DECEASED (Include AKA's if any) (First, Middle, Last)				(Maiden)		2. DATE OF DEATH - ACTUAL OR PRESUMED	
EDGAR LEE ETIER, Jr.						09/27/2007	
3. SEX	4. DATE OF BIRTH	5. AGE-Last Birthday (Years)	IF UNDER 1 YR		IF UNDER 1 DAY		6. BIRTHPLACE (City & State or Foreign Country)
Male	08/30/1919	88					Fort Worth, TX
7. SOCIAL SECURITY NUMBER		8. MARITAL STATUS AT TIME OF DEATH		9. SURVIVING SPOUSE (If wife, give name prior to first marriage)			
462-10-2128		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		Patricia Nesrsta			
10a. RESIDENCE STREET ADDRESS				10b. APT NO	10c. CITY OR TOWN		
4208 Harlanwood Drive					Fort Worth		
10d. COUNTY	10e. STATE		10f. ZIP CODE		10g. INSIDE CITY LIMITS?		
Tarrant	TX		76109		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
11. FATHER'S NAME			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE				
Edgar Lee Etier			Mattie Cordelia Pitcock				
13. PLACE OF DEATH (CHECK ONLY ONE)							
IF DEATH OCCURRED IN A HOSPITAL:				IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:			
<input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA				<input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
14. COUNTY OF DEATH		15. CITY/TOWN, ZIP (If outside city limits, give precinct no)		16. FACILITY NAME (If not institution, give street address)			
Tarrant		Fort Worth, 76109		4208 Harlanwood Drive			
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED				18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)			
Patricia Nesrsta Etier, Wife				4208 Harlanwood Drive, Fort Worth, TX 76109			
19. METHOD OF DISPOSITION		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH			21. Section <input type="checkbox"/> Unknown		
<input checked="" type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		 Elmer C. Harper III #6655			Forty-four		
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		23. LOCATION (City/Town, and State)			Block		
Martin Oaks Crematory/Greenwood Memorial Park		Lewisville, TX/Fort Worth, TX			Sixty-one		
24. NAME OF FUNERAL FACILITY		25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)					
Robertson Mueller Harper Funeral Directors		1500 Eighth Avenue, Fort Worth, TX 76104					
26. CERTIFIER (Check only one):							
<input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated.							
<input type="checkbox"/> Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.							
27. SIGNATURE OF CERTIFIER		28. DATE CERTIFIED (Mo/Day/Yr)		29. LICENSE NUMBER		30. TIME OF DEATH (Actual or presumed)	
		09/28/07		93213		4:51 am	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)						32. TITLE OF CERTIFIER	
David Capper, M.D., 3221 Collinsworth Street, Ste. 160, Fort Worth, TX, 76107						M.D.	
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH LINE.							
IMMEDIATE CASE (Final disease or condition resulting in death) a. CHF							
Due to (or as a consequence of):							
b. Valvular Heart Disease							
Due to (or as a consequence of):							
c.							
Due to (or as a consequence of):							
d.							
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1							
AF, Prostate CA, Renal Cell CA, Anemia, DTD							
34. WAS AN AUTOPSY PERFORMED?		35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
36. MANNER OR DEATH		37. DID TOBACCO CONTRIBUTE TO DEATH?		38. IF FEMALE:		39. IF TRANSPORTATION INJURY, SPECIFY:	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 day of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
40a. DATE OF INJURY (Mo/Day/Yr)		40b. TIME OF INJURY		40c. INJURY AT WORK?		40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
40e. LOCATION (Street and Number, City, State, Zip Code)						40f. COUNTY OF INJURY	
41 DESCRIBE HOW INJURY OCCURRED--							
42a. REGISTRAR FILE NO.		42b. DATE RECEIVED BY LOCAL REGISTRAR		42c. REGISTRAR			
02 4898		OCT 01 2007		Kare H Wallace			

Lot 4, Block 8, Tanglewood addition, Tarrant County

MARY LOUISE GARCIA

COUNTY CLERK



100 West Weatherford Fort Worth, TX 76196-0401

PHONE (817) 884-1195

TURNER OIL & GAS PROPERTIES  
1314 LAKE ST, STE 202  
FT WORTH, TX 76102

Submitter: TURNER OIL & GAS PROP, INC.

**DO NOT DESTROY**  
**WARNING - THIS IS PART OF THE OFFICIAL RECORD.**

Filed For Registration: 1/10/2011 7:54 AM

Instrument #: D211006368

LSE

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PGS

\$20.00

By: \_\_\_\_\_

*Mary Louise Garcia*

D211006368

ANY PROVISION WHICH RESTRICTS THE SALE, RENTAL OR USE OF THE DESCRIBED REAL PROPERTY  
BECAUSE OF COLOR OR RACE IS INVALID AND UNENFORCEABLE UNDER FEDERAL LAW.

Prepared by: SLDAVES